



Request to ADD Meals to my CACFP Contract

Today's Date _____

Provider Name _____

Provider # _____

I request approval from 4CM to make the following additions to my CACFP contract/application.

NOTE: The changes will be effective the 1st day of the next month if received in the 4C office by the **25th** of the current month, along with a copy of the current/updated license/certificate.

1. Circle day(s) that are to be added. Sunday Monday Tuesday Wednesday Thursday Friday Saturday

2. Circle the meal/snack(s) to be added. B AMSnk L PMSnk D EVSnk

3. Fill in the service time(s) of the added meals/snacks.

_____ B _____ AMSnk _____ L _____ PMSnk _____ D _____ EVSnk

4. My daycare hours of operation will change from: _____ to _____

5. Add the following age change of: _____

Signature of Provider _____

Return White/Yellow Copy to: 4C, 1736 N 2nd Street, Milwaukee, WI 53212

Pink Copy – Provider

Office use only: 4CM Approval Date _____

ReqAddMeals06/2005



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